Exhibit FF - Medicaid Mental Health Retroactivity Adjustment										
Fiscal Year		Adults 65 and Older (OAP-A)	Disabled Individuals Through 64 (AND/AB, OAP-B)	Low Income Adults (1)	Adults without Dependent Children	Eligible Children (AFDC-C/BC)	Foster Care			
FY 2007-08	Average Monthly Claims	36,907	61,336	69,407	-	225,162	17,810			
	Average Caseload	36,284	56,079	59,761	-	204,022	17,141			
	Claims as a Percentage of Caseload	101.72%	109.37%	116.14%	-	110.36%	103.90%			
	Average Monthly Claims	37,865	62,496	77,211	-	251,445	18,597			
FY 2008-09	Average Caseload	37,619	57,802	68,850	-	235,129	18,033			
	Claims as a Percentage of Caseload	100.65%	108.12%	112.14%	-	106.94%	103.13%			
	Average Monthly Claims	38,645	65,337	94,478	-	290,971	18,842			
FY 2009-10	Average Caseload	38,487	60,313	85,907	-	275,672	18,381			
	Claims as a Percentage of Caseload	100.41%	108.33%	109.98%	-	105.55%	102.51%			
	Average Monthly Claims	38,337	68,739	127,056	-	323,244	18,792			
FY 2010-11	Average Caseload	38,921	64,052	116,149	-	302,410	18,393			
	Claims as a Percentage of Caseload	98.50%	107.32%	109.39%	-	106.89%	102.17%			
	Average Monthly Claims	39,691	72,084	145,631	6,856	351,100	18,402			
FY 2011-12	Average Caseload	39,740	67,869	136,315	6,810	334,633	18,034			
	Claims as a Percentage of Caseload	99.88%	106.21%	106.83%	100.68%	104.92%	102.04%			
	Estimated Average Monthly Claims	40,123	74,703	159,244	10,729	380,186	18,072			
FY 2012-13	Average Caseload	40,827	71,859	149,305	10,634	368,079	17,777			
	Claims as a Percentage of Caseload	98.27%	103.96%	106.66%	100.89%	103.29%	101.66%			
Weight	ed Average Claims as a Percentage of Caseload (2)	99.88%	103.96%	106.66%	100.68%	103.29%	102.04%			
	Retroactivity Adjustment Factor	-0.12%	3.96%	6.66%	0.68%	3.29%	2.04%			

Breast and Cervical Cancer Program participants share a capitation rate with the Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.

² The retroactivity adjustment captures the difference in total claims paid versus caseload due to retroactive eligibility. After analyzing the data and historical trends, the Department determined that the most recent year with adequate runout, which in this request is FY 2011-12, most accurately represents the relationship between average monthly claims and average caseload for Elderly, AwDC, and Foster Care eligibility categories and FY 2012-13 for Disabled, Adults, and Children eligibility categories.

Exhibit FF - Medicaid Mental Health Partial Month Adjustment Multiplier									
Fiscal Year		Adults 65 and Older (OAP-A)	Disabled Individuals Through 64 (AND/AB, OAP-B)	Low Income Adults (1)	Adults without Dependent Children (4)	Eligible Children (AFDC-C/BC)	Foster Care		
FY 2007-08	Weighted Claims-Based Rate	\$13.07	\$113.61	\$17.48	-	\$13.87	\$260.01		
	Weighted Capitation Rate	\$13.15	\$114.07	\$17.51	-	\$13.94	\$262.46		
	Claims as a Percentage of Capitation	99.36%	99.60%	99.84%	-	99.49%	99.07%		
FY 2008-09	Weighted Claims-Based Rate	\$13.49	\$122.69	\$18.40	-	\$14.47	\$253.56		
	Weighted Capitation Rate (2)	\$13.57	\$123.19	\$18.47	-	\$14.57	\$255.41		
	Claims as a Percentage of Capitation	99.42%	99.59%	99.62%	-	99.34%	99.27%		
FY 2009-10	Weighted Claims-Based Rate	\$13.21	\$127.20	\$18.74	-	\$14.21	\$225.86		
	Weighted Capitation Rate (2)	\$13.29	\$127.70	\$18.82	-	\$14.29	\$227.45		
	Claims as a Percentage of Capitation	99.40%	99.61%	99.56%	-	99.44%	99.30%		
FY 2010-11	Weighted Claims-Based Rate	\$13.50	\$136.46	\$20.56	-	\$15.11	\$191.24		
	Weighted Capitation Rate (2)	\$13.58	\$137.00	\$20.64	-	\$15.19	\$192.53		
	Claims as a Percentage of Capitation	99.39%	99.61%	99.63%	-	99.45%	99.33%		
FY 2011-12	Weighted Claims-Based Rate	\$13.69	\$139.19	\$21.46	\$100.82	\$16.12	\$176.56		
	Weighted Capitation Rate	\$13.77	\$139.69	\$21.49	\$100.83	\$16.20	\$177.70		
	Claims as a Percentage of Capitation	99.42%	99.64%	99.84%	100.00%	99.53%	99.36%		
FY 2012-13	Weighted Claims-Based Rate	\$13.57	\$139.85	\$21.86	\$100.67	\$16.70	\$171.02		
	Weighted Capitation Rate	\$13.65	\$140.33	\$21.90	\$100.97	\$16.76	\$171.84		
	Claims as a Percentage of Capitation	99.40%	99.66%	99.84%	99.70%	99.65%	99.52%		
Average Claims as a Percentage of Capitation (3)		99.42%	99.64%	99.84%	99.84%	99.53%	99.36%		
	Partial Month Adjustment Multiplier	-0.58%	-0.36%	-0.16%	-0.16%	-0.47%	-0.64%		

Breast and Cervical Cancer Program participants share a capitation rate with the Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.

² The Department has adjusted the rates paid to the BHOs in FY 2008-09 through FY 2010-11 due to budget actions. The numbers provided, here, reflects the actual paid rates and therefore do not match the numbers in Exhibit GG, which demonstrate the trend on the actuarial point estimates.

³ The partial month adjustment captures the difference in the amount paid per claim versus the capitation rate due to paying an adjusted rate for clients enrolled for only part of a month. After analyzing the data and historical trends, the Department determined that the most recent year with adequate runout, which in this request is FY 2011-12, most accurately represents the relationship between the claims-based rate and the capitation rate for all eligibility categories.

⁴ The partial month adjustment factor for Adults without Dependent Children cannot be calculated in the same manner as the other categories because it does not have adequate runout. Therefore the Department has selected the Low Income Adults retroactivity adjustment factor for the Adults without Dependent Children factor because both eligibilities are determined strictly on level of income.